

## Case study: University Hospitals of Morecambe Bay NHS Foundation Trust

### Introduction

University Hospitals of Morecambe Bay NHS Foundation Trust provides community and hospital services across the Morecambe Bay area, covering a population of around 350,000 people across a very large, largely rural geographical area of around a thousand square miles.

It operates from three hospital sites: Furness General Hospital (FGH) in Barrow, the Royal Lancaster Infirmary (RLI) in Lancaster and Westmorland General Hospital (WGH) in Kendal, as well as a number of community healthcare premises.

FGH and the RLI provide a full range of acute services, with full A&E departments and critical and coronary care units. WGH provides a range of acute services as well as an Urgent Treatment Centre. All three provide a range of planned care including outpatients, diagnostics, therapies, day-case and inpatient surgery.

### The problem

The RLI has two CT scanners, which are in operation 24 hours a day, seven days a week. One scanner was installed in 2012, and the other in 2013. There is one further scanner at FGH, which is a 75 minute drive away. CT scanners are a crucial diagnostic tool in a number of life-threatening situations, including serious accidents, major cancers, and strokes. The difference between a rapid and delayed CT scan can be the difference between life and death.

Between June and July 2019, the two CT scanners at RLI both developed faults, at the same time resulting in a reduction of activity for 270 hours over a 12 day period, affecting over 500 scheduled CT scanning slots. There was a total loss of activity for 24 hours when both CT scanners were out of action at the same time.

The trust board has acknowledged that if they do not have adequate capital funding to enable priority schemes, including the maintenance of the physical condition of the Trust's estate, infrastructure and medical equipment will fail – leading to poor patient outcomes and experience. This was risk rated in the July 2019 board meeting to a catastrophic risk that was likely to happen, receiving an overall risk score of 20 out of a maximum of 25.<sup>1</sup>

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<sup>1</sup>University Hospitals of Morecambe Bay NHS Foundation Trust (July 2019), [Public Trust Board of Directors Meeting](#), pg. 143

## The impact

*“If the trust does not gain access to the required level of capital funding, [we] will not be able to address the inherent defects in the trust’s infrastructure including...availability of the required medical equipment to meet service demand...This will lead to an adverse effect on service continuity, productivity and patient and staff experience.”<sup>2</sup>*

**Emergency patients, including those with suspected head, neck and trauma injuries, had to be transferred to other hospitals.** For a 24 hour period, there was no CT scanning service at the RLI, including at the emergency department. Some patients with potentially life-threatening injuries were transferred by ambulance to FGH, a 75 minute drive away. Emergency patients requiring head, neck or trauma CT scans were transferred via ambulance to the Royal Preston Hospital, part of another Trust and a 45 minute drive away. As a result, an ambulance diversion was in place for the duration of the double breakdown.

**Routine scans were not carried out.** No inpatient or outpatient routine scanning was able to take place for the duration of the double breakdown. In addition, during the periods of breakdown of one of the scanners, it was not possible to provide a vascular imaging service.

**Outpatient lists were cancelled or rescheduled.** Priority was given to emergency and inpatient scanning during the periods when only a single scanner was in operation. As a result, outpatient CT lists were cancelled or rescheduled, resulting in heightened anxiety for patients and poorer patient experience. In total, over 400 outpatient CT appointments were lost during the breakdown, and there is work ongoing to clear the backlog for diagnostic scans as a result.

## The solution

In order to minimise the risk to patients as a result of the breakdowns, the trust hired a mobile CT van at the cost of approximately £3,000 per day. This scanner was available for 12 hours per day for a total of 12 days in July and August, and the trust’s use of the mobile van is likely to extend into September.

The trust had a capital plan of £11.8m for 2019/20, but because of overspend in both backlog maintenance and medical equipment, their capital spend was ahead of the plan by month 2. The trust has submitted an emergency capital bid to NHS England and NHS Improvement for £34m over a 2 year period for multiple projects,<sup>3</sup> including further equipment upgrades.

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<sup>2</sup> University Hospitals of Morecambe Bay NHS Foundation Trust (July 2019), [Public Trust Board of Directors Meeting](#), pg. 143

<sup>3</sup> NHS Morecambe Bay Clinical Commissioning Group (July 2019), [Urgent Care Improvement Plan](#), pg. 5